



*Maine Department of Health and Human Services*

**MECMS Update 75**

**August 11, 2006**

**Billing News & Tips**

**Claims returned for billing mistakes**

Providers that submit paper claims should follow the OMS billing instructions to ensure claims acceptance and payment. Beginning September 1, claims will be returned routinely for the following reasons:

Member date of birth is missing or is not the required 8 digits; the date of birth must appear as 01/01/2006

Member's MaineCare ID number is missing or invalid; Social Security numbers cannot be used

Provider ID number is missing or invalid; the nine-digit ID number must be used.

Claims will continue to be returned for the following billing mistakes:

UB-92 block #4 contains wrong or missing information

Claim is unreadable or illegible and cannot be imaged

Claim is too light

Claim is damaged

Information is not placed with the correct block or is not aligned correctly

Information is missing

Signature or date is missing; name must be for individual, not company

Claim is submitted using red ink

Claim is not submitted on original claim form or an incorrect form is used

Attachments are a size other than 8.5 x 11 or are 2-sided.

A cover sheet listing the reason(s) the claim was not accepted accompanies all returned claims. The complete set of billing instructions can be found at:

[http://www.maine.gov/dhhs/bms/providerfiles/provider\\_billing\\_manuals.htm](http://www.maine.gov/dhhs/bms/providerfiles/provider_billing_manuals.htm).

**Review of prior authorization process underway**

As part of the transformation of the Office of MaineCare Services, a comprehensive review of MaineCare's prior authorization requirements has been initiated. To assist in this effort, a team of national experts has been engaged to review the current PA rules. Their analysis will benchmark MaineCare PA requirements against prevailing and best practices in the commercial health insurance industry, examine the cost effectiveness of rules and recommend changes.

Provider input and advice is requested in the following areas:

Physician and Diagnostic Service

Durable Medical Equipment and Hearing Aids

Vision and Dental Services

*(Continued on the next page.)*

## Out-of-State Services

## Transportation Services

## Other Professional Services

With each of the numerous PA requirements contained within these broad service areas, suggested improvements are sought in the process of seeking prior authorization - including outright elimination of a particular PA requirement if that makes the best sense from a clinical or economic perspective.

Suggestions will be analyzed and reviewed by the PA workgroup. Please submit any suggestions and a brief explanation as to the basis for the suggestions to

[Lucille.Weeks@maine.gov](mailto:Lucille.Weeks@maine.gov) or write to Division of Policy, Office of MaineCare Services, 11 State House Station, Augusta, ME 04333-0011.

## **Prior Authorization Rules for Licensed Clinical Social Workers and Licensed Clinical Professional Counselors**

Prior authorization for all services provided by licensed clinical social workers and licensed clinical professional counselors is required under Section 58 of the Maine Benefits Manual. If a provider has not received prior authorization from the Child and Family Services (CFS) or the Office of Elder Services (OES), the services are not covered.

The MaineCare/CFS child or OES member must be present when services are provided, if authorization has been received and the codes to be billed are in Chapter III of the policy.

If CFS has authorized provision of services without the child being present, the CFS caseworker must authorize non-MaineCare codes that start with SS, i.e. SS02.

There is no provision for payment of services when the OES member is not present through the MaineCare claims processing system. Please contact OES for information about payment when they have requested you to

provide services.

If a MaineCare member is seen without prior authorization, the member should be informed in advance that the services are non-covered and they are responsible for the bills.

## **Rules proposed for private, non-medical institution services**

The Office of MaineCare Services is proposing changes to the *MaineCare Benefits Manual*, Chapter II, Section 97, Private, Non-Medical Institution Services. These rules will permanently replace emergency rules currently in effect that provide relief to a group of MaineCare eligible individuals with mental retardation. These individuals require personal support services, assistance with various activities of daily living, assistance and monitoring of medications, assistance and treatment of various medical conditions.

The Department wants to maintain these individuals in the treatment setting they are currently living in to assure that their Department approved treatment plans are maintained without disruption, which disruption would likely result in loss or deterioration of those skills already learned and in a significant setback in the personal development of these young and vulnerable adults.

The public hearing for this proposal will be Monday, August 21 at 1:00 p.m. at the DHHS offices on 442 Civic Center Drive in Augusta. The deadline for comments is 11:59 p.m. on August 31.

Rules and related rulemaking documents can be found at [http://www.maine.gov/bms/rules/provider\\_rules\\_policies.htm](http://www.maine.gov/bms/rules/provider_rules_policies.htm)

*(Continued on the next page.)*

## Billing process clarification for providers of 65M & N services

The following information is provided as clarification on when and how to use the procedure codes and modifiers of: H2021HU (65M Services) or H0023HU (65N Services). These procedure codes (with the “HU” modifier) are to be used to bill for 65M or 65N services only in the following circumstances:

Services provided to children for whom DHHS is the legal guardian.

Services provided to children for whom DHHS is not the legal guardian, but the child has been referred to 65M or 65N services by Child Welfare Staff (Child protective staff, family services staff or adoption unit staff).

To bill MaineCare for services provided to children as noted in 1 or 2 above:

The provider uses the procedure codes noted above for either 65M or 65N services. The noted procedure code (with “HU” modifier) is used to bill for both the Master’s level (BS-2) and the Bachelor’s level (BS-1) service (even though the rule describes this procedure code and modifier as being specific to the Master’s level).

As always, billing data submitted must include the “Servicing Provider Number” for each staff person that provided billed services.

When billing for Master’s Level services, the provider must bill at the rate of \$23.75/unit.

When billing for Bachelor’s Level services, the provider must bill at the rate of \$14.65/unit.

## Contact Us

**Call:** 1-800-321-5557

TTY: 1-800-423-4331

Augusta area: 207-624-7539

**On the web:** [www.maine.gov/dhhs/bms](http://www.maine.gov/dhhs/bms)

### Write:

MaineCare Billing and Information Unit  
Office of MaineCare Services  
11 State House Station  
Augusta, ME 04333-0011

### Our listserv:

Sign up for a convenient, fast way to get the news you need about billing procedures and other MaineCare provider information:

<http://mailman.informe.org/mailman/listinfo/provider/>

### Previous issues of *The MECMS Update*:

[http://www.maine.gov/bms/member/innerthird/mecms\\_update\\_for\\_provider.htm](http://www.maine.gov/bms/member/innerthird/mecms_update_for_provider.htm)

[http://www.maine.gov/bms/member/innerthird/mecms\\_update\\_for\\_provider.htm](http://www.maine.gov/bms/member/innerthird/mecms_update_for_provider.htm)